

# APPLICATION FOR CIVIL AIR PATROL DRIVER'S LICENSE

My Initials indicate that I have:

- A \_\_\_\_ Have read and will comply with CAPR 62-2  
B \_\_\_\_ Have read and will comply with CAPR 77-1  
C \_\_\_\_ Understand that in the event of an accident where I am found to be at fault, I will be responsible for the first \$250.00 in damages  
D \_\_\_\_ Agree to operate CAP vehicles in a safe manner at all times. Which includes not using a hand held cellular device or smoking while operating the vehicles.  
E \_\_\_\_ Will Inspect vehicle as per CAPF 73 prior to operation.  
F \_\_\_\_ Will complete CAPF as required and will report damage or mechanical problems to the Transportation Officer or Unit Commander immediately.  
(Unreported damage discovered will be considered to have been caused by the last driver of the vehicle.)  
G \_\_\_\_ Will fuel the vehicle and add oil and other fluids as necessary after use.  
(Fuel must be topped off if less than  $\frac{3}{4}$  of a tank.)  
H \_\_\_\_ Will obey posted speed limits and assure that all passengers have seat belts fastened when the vehicle is in motion.

Applicant: \_\_\_\_\_ CAPID: \_\_\_\_\_  
(Print or Type Name)(Signature)

Unit: \_\_\_\_\_ Commander: \_\_\_\_\_

State Driver's License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Please sign this application and e-mail to MSWG/LGT ([dlg@mswg.cap.gov](mailto:dlg@mswg.cap.gov)). Upload a copy of the front and back of your State Driver's License along with your Driving History.

Once all of this has been received and your Unit Commander approves it in eServices it will be reviewed by the Wing Transportation Director and approved.